A STUDY TO ASSOCIATE SELECTED DEMOGRAPHIC VARIABLES WITH KNOWLEDGE SCORES REGARDING THE PREVENTION OF CORONARY ARTERY DISEASES AMONG RISK CLIENTS IN SELECTED HOSPITALS OF MANGALORE, KARNATAKA WITH A VIEW TO DEVELOPING HEART SMART PACKAGE

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ABSTRACT

Cardiovascular diseases, especially coronary heart disease (CHD), are an epidemic in India. The Registrar General of India reported that CHD led to 17% of total deaths and 26% of adult deaths in 2001-2003, which increased to 23% of total and 32% of adult deaths in 2010-2013. The World Health Organization (WHO) and Global Burden of Disease Study also have highlighted increasing trends in years of life lost (YLLs) and disability-adjusted life years (DALYs) from CHD in India. A descriptive research approach is used for the present study. The research design selected for the present study was a descriptive survey design. The study is conducted at selected hospitals in Mangalore of Karnataka state. The target population is risk clients in selected hospitals of Mangalore, Karnataka. The sample ofthe study consists of 20 risk clients in selected hospitals of Mangalore, Karnataka. The association of socio-demographics with knowledge scores shows that age, gender, level of education, employment status, have ever been diagnosed with high blood pressure, have you ever been diagnosedwith high cholesterol, have you ever been diagnosed with diabetes, do you smoke, how often do you exercise in a week, have you ever been hospitalized for a heart-related condition, do you take medicationfor your heart condition, do you have a regular primary care physician or cardiologist were found significant at p<0.05.

Key Words: *Epidemic, cardiovascular diseases.*

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INTRODUCTION

Coronary artery disease is a leading cause of death worldwide. The World Health Organization (WHO)reported that ischemic heart disease was responsible for approximately nine million deaths in 2016 (Nowbar and Howard, 2019). Developed and developing countries show opposite trends in mortality due to CAD. In developed countries like the U.S. and the UK, mortality rates due to ischemic heart diseases are decreasing. Nevertheless, according to AHA, 16.5 million people older than 20 in the U.S.had coronary artery disease in 2018, and 55% of them were males (Benjamin and Virani, 2018)

India endures a huge loss of productivity because of the expanded pervasiveness of Coronary Heart Disease (CHD). The aggregate years of life lost because of aggregate CVD among Indian menand women at 35-64 has been assessed to be higher than comparable nations, for example, Brazil and China. These appraisals are anticipated to increase by 2030 when contrasts might be much more checked (Chauhan and Tamber, 2013).

The global burden of coronary artery disease (CAD) is well documented. In most industrialized countries, CAD is leading cause of disability and death. Developing countries with previously low rates of CAD are now registering increased rates as the economy develops. Thereforeunderstanding the epidemiology of CAD is essential for reducing the mortality and morbidity risk andso improving the global public health status and risk factors measurement is an important predictor of coronary artery disease in currently healthy individuals.

TITLE

A STUDY TO ASSOCIATE SELECTED DEMOGRAPHIC VARIABLES WITH KNOWLEDGE SCORES REGARDING THE PREVENTION OF CORONARY ARTERY DISEASES AMONG RISK CLIENTS IN SELECTED HOSPITALS OF MANGALORE,KARNATAKA WITH A VIEW TO DEVELOP HEART SMART PACKAGE.

OBJECTIVE

To associate selected demographic variables with knowledge scores regarding the preventionof coronary artery diseases among risk clients in selected hospitals of Mangalore, Karnataka with a view to develop heart smart package

REVIEW OF LITERATURE

Rochelle Anderson-Doyley, 2020 conducted a study on effect of an educational intervention on coronary artery disease knowledge in men and women at risk for coronary artery disease. Results demonstrate that the use of an educational intervention improved scores on a knowledge assessment ofCAD risk factors. There was no difference in pre- and post-educational knowledge between gender (F1,23 =0.366, p=.276) and between races (F1,23 = 1.926, p=.09). There were significant differences between CADE Q-II pre- and post-education domain and total scores (t (24) =-5.655; p<0.001). The domains with the lowest scores were 'Nutrition' and 'CAD Risk Factors.' Both domains were below the acceptable 75% score in pre and post-test results. Participants demonstrated the highest pre- and post- test scores in the 'Medical Condition' domain.

According to Ghisi et al., (2015), health education for CAD patients is paramount in improving behavioral change and patients' baseline education on CAD. In fact, patient education is considered a "core component" in the ultimate success in patient 11 management and compliance of this disease. However, utilizing education to manage CAD can become complicated in patients who possess multiple risk factors, some of which are interrelated

Ebrahim, Taylor, Ward, Beswick, and Davey-Smith (2011) studied Multiple risk factor interventionsfor primary prevention of coronary heart disease. A total of 39 trials were found of which ten reported clinical event data. In the ten trials with clinical event end-points, the pooled odds ratios for total and CHD mortality were 0.96 (95% confidence intervals (CI) 0.92 to 1.01) and 0.96 (95% CI 0.89 to 1.04) respectively. Net changes in systolic and diastolic blood pressure and blood cholesterol were (weightedmean differences) -3.6 mmHg (95% CI -3.9 to -3.3 mmHg), -2.8 mmHg (95% CI -2.9 to -2.6 mmHg) and -0.07 mMol/l (95% CI -0.8 to -0.06 mMol/l) respectively. The odds of reduction in smoking prevalence was 20% (95% CI 8% to 31%). Statistical heterogeneity between the studies with respect tomortality and risk factor changes was due to trials focusing on hypertensive participants and those usingconsiderable amounts of drug treatment.

METHODOLOGY

A descriptive research approach is used for the present study. The research design selected for the present study was a descriptive survey design. The study is conducted at selected hospitals inMangalore of Karnataka state. The target population is risk clients in selected hospitals of Mangalore,Karnataka. The sample of the study consists of 20 risk clients in selected hospitals of Mangalore, Karnataka.

RESULTS

ASSOCIATION OF SELECTED DEMOGRAPHIC VARIABLES WITH KNOWLEDGE SCORES REGARDING PREVENTION OF CORONARY ARTERY DISEASES AMONGRISK CLIENTS

AGE	GOOD	AVERAGE	POOR	DF	X^2 VALUE
18-29 YEARS	3	11	7	6	*19.71
30-49 YEARS	8	23	9		
50-69 YEARS	13	1	16		
70 YEARS AND ABOVE	2	8	0		
LEVEL OF EDUCATION					
LESS THAN HIGH SCHOOL	7	7	6	6	*9.64
HIGH SCHOOL GRADUATE	23	7	0		
SOME COLLEGE	18	4	18		
COLLEGE GRADUATE OR HIGHER	1	1	8		
EMPLOYMENT STATUS					
EMPLOYED FULL TIME	36	7	7	6	*8.91
EMPLOYED PART TIME	11	9	1		
UNEMPLOYED	9	0	1		
RETIRED	2	13	5		
HAVE YOU EVER BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE?					
YES	0	17	13	2	*17.66
NO	13	53	4		
HAVE YOU EVER BEEN DIAGNOSED WITH HIGH CHOLESTEROL?					
YES	4	47	19	2	*29.94
NO	3	18	9		
HAVE YOU EVER BEEN DIAGNOSED WITH DIABETES?					
YES	11	7	2	2	5.08*
NO	7	37	36		
DO YOU SMOKE?					
YES	1	8	1	2	8.13*
NO	3	81	6		
HOW OFTEN DO YOU EXERCISE IN A WEEK?					
LESS THAN ONCE A WEEK	7	0	3	6	28.01*
1-2 TIMES A WEEK	1	1	3		
3-4 TIMES A WEEK	9	2	9		
5 OR MORE TIMES A WEEK	18	33	14		
HAVE YOU EVER BEEN HOSPITALIZED FOR A HEART-RELATED CONDITION?					
YES	14	3	28	2	20.07*
NO	49	3	13		
DO YOU TAKE ANY MEDICATION FOR YOUR HEART CONDITION?					
YES	19	7	37	2	8.12*
NO	16	11	10		
DO YOU HAVE A REGULAR PRIMARY CARE PHYSICIAN OR CARDIOLOGIST?					
YES	26	19	3	6	21.17*
NO	3	16	33		

RESULTS

The association of socio-demographics with knowledge scores shows that age, gender, level of education, employment status, have ever been diagnosed with high blood pressure, have you ever been diagnosedwith high cholesterol, have you ever been diagnosed with diabetes, do you smoke, how often do you exercise in a week, have you ever been hospitalized for a heart-related condition, do you take medicationfor your heart condition, do you have a regular primary care physician or cardiologist were found significant at $p<0.05$.

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